

For Board use only!
Check No
Transaction Date
Amount Received
ID No

	15 110								
1. APPLICATION TYPE (check the appropriate box)	2. APPLICANT'S FULL NAME AND ADDRESS								
☐ Initial CPA Certificate only (\$75)									
☐ Initial CPA Certificate & Certificate Registration (\$95)									
☐ Initial CPA Certificate & Initial CPA License (\$150)									
☐ Reciprocal CPA Certificate only (\$75)	Home Ph No() - Work Ph No() -								
☐ Reciprocal CPA Certificate & Certificate Registration (\$95)	FAX No. () -								
☐ Reciprocal CPA Certificate & Initial CPA License (\$150)	Email address:								
Reciprocal applicants only! Please provide below the jurisdiction which issued your original certificate and have that jurisdiction verify the status of that certificate by their form or Connecticut Form SBA-7.	Check this block if your CPA Exam records are listed under another name and provide that name below.								
Original Certificate issued by:									
3. FEE: Check enclosed, payable to: Treasurer, State of Connecticut (Check, Money Order, or Cashier's Checks are the only acceptable methods of payment at this time.)									
4. PROVIDE THE OTHER JURISDICTIONS IN WHICH YOU HAVE APPLIED FOR Alabama	OR HOLD A CPA CERTIFICATE OR LICENSE (check all that apply) California Colorado Delaware Florida Indiana Iowa Kansas Kentucky Michigan Minnesota Mississippi Missouri New Jersey New Mexico New York North Carolina Pennsylvania Rhode Island South Carolina South Dakota Virginia Washington West Virginia Wisconsin Washington DC								
5. GOOD CHARACTER (check appropriate box)	6. AICPA UNIFORM CPA EXAM (check the appropriate box)								
Have you ever been convicted of felony or had a CPA Certificate, license, or permit revoked or suspended?	☐ Passed the Exam in Connecticut; grades are on file as a permanent record with the Connecticut Board of Accountancy.								
☐ No ☐ Yes (please attach an explanation)	☐ Passed the Exam in								

CPA CERTIFICATE APPLICATION

7.	EXPERIENCE (check the d	appropriate box & provide red	quested informati	ion & Emp	loyer(s)	must co	omplete I	Form SBA-	-12)		
	Experience claimed is	☐ All Public Accounting	☐ All Non-Pub	olic Accou	nting	☐ A Combination of Public & Non-Public Accounting					
		Employer			Dates	of Expe	rience		Amount of time claimed		
				/	/	to _	/	_ /	yrs _	mo	days
				/	/	to _	/	_ /	yrs _	mo	days
				/	/	to _	/	_ /	yrs _	mo	days
	transcripts for verif	re applying for a waiver of or fication (For candidates who t icants <u>only</u> , if you are clain s 8 & 9, skip to Section 10	ake the CPA Exa	ım prior to	the yea	ır 2000 <u>(</u>	<u>Only</u>).				
8.	EDUCATION (provide da	tes & check appropriate box)									
	Connecticut's education requirement is composed of two parts, a general degree requirement and specific credit hours.										
	General: Connecticut requires a bachelors degree from a four year accredited College or University.										
	Date degree was awarded Specific: For applicants who have sat for the CPA Exam prior to January 1, 2000 Connecticut requires 24 semester hours in Accounting, 3 semester hours in Economics, 3 semester hours in Finance, 3 semester hours in Business Law and 13 semester hours in general business related subjects.										
	For applicants who take the CPA Exam for the first time after January 1, 2000, Connecticut requires completion of 150 semester hours of college education, which at least 36 semester hours must be in accounting, at least 30 semester hours in economics and business administration education other than accounting; and at least 60 semester hours in general education. The balance may consist of any for-credit courses, including courses in excess of the minimums set.									ours in	
	Date the specific education was completed										
	 Passed the AICPA Uniform CPA Exam in Connecticut; education was verified upon application for the exam. Passed the AICPA Uniform CPA Exam in another jurisdiction, have requested transcript be sent for verification. 										
9.	ETHICS COURSE & EXAM	M (provide date & check appr	opriate box)	10. s	IGN & I	DATE					
		appletion and passage with a sc al Ethics for CPAs self study									
		rward certificate of completion bletion & grade sheet attached		A	pplican	t's Signa	ature			Date	
	r Board Use Only: Certific cense NoI	cate No Date Issued:	_								